



PART B - FEE(S) TRANSMITTAL

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Judith K. Sherman

(Depositor's name)

Judith K. Sherman

(Signature)

October 30, 2006

(Date)

021005 7590 08/28/2006

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CONCORD, MA 01742-9133

11/02/2006 WABDEL3 00000046 10611310

01 FC:1501	1400.00 DP			
02 FC:1504	300.00 DP			
03 FC:0001	450.00 DP			
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.

10/611,310

07/01/2003

Ryoichi Hashida

3462.1004-000

3981

TITLE OF INVENTION: METHODS OF TESTING FOR ALLERGIC DISEASES, AND THERAPEUTIC AGENTS FOR TREATING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/28/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS				
WOODWARD, CHERIE MICHELLE	1647	435-091200				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith
& Reynolds, P.C.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(1) Genox Research, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ibaraki, Japan

(2) Japan as Represented by General Director of Agency of
National Center for Child Health & Development

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☒ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-0380 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

David E. Brook

Date

10/30/06

Typed or printed name

David E. Brook

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22,592

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